

CASES
OF
TIC DOULOUREUX
SUCCESSFULLY TREATED.

Printed by Strahan and Spottiswoode,
Printers-Street, London.

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CASES
OF
TIC DOULOUREUX

SUCCESSFULLY TREATED.

By BENJ. HUTCHINSON,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS OF LONDON,
&c. &c.

Quicquid in arte meâ, possum promittere curæ,
Quod fieri FERRO, liquidove potest electro.

VIRG. *Æn.* Lib. viii.

LONDON :

PRINTED FOR LONGMAN, HURST, REES, ORME, AND BROWN,
PATERNOSTER-ROW.

1820.



1917

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TO

SAMUEL FOTHERGILL, M. D.

&c. &c.

SIR,

You have successfully investigated the history,—the predisposing, proximate, and remote causes of the *Tic Douloureux*, or the *Morbus Faciei Nervorum Crucians*,—together with the usual appropriate modes of treatment.

I have made an attempt to discover a remedy for this tormenting disease, and I flatter myself with a considerable share of success.

As a fellow labourer, therefore, in the same field of enquiry, allow me to address to you these few sheets, and to subscribe myself,

Sir,

Your very faithful Servant,

BENJ. HUTCHINSON.

Southwell, Nottinghamshire,

March 1. 1820.

CASES
OF
TIC DOULOUREUX,
&c.

IT is not an arcanum, nor a panacea ; it is neither a new remedy nor a new theory, to which I am desirous of calling the attention of my medical brethren.

I mean nothing more than to present a few observations which I have made on the successful administration of a mineral substance well known, but too much neglected, or inaccurately or inefficiently employed.

Nothing is easier than to form and adopt new systems of nosology or therapeutics,

and to impose them as infallible or specific, on some of the junior members of the medical profession, who are more readily dazzled by the brilliant, than convinced by the true.

The desire of abridging the labour which conducts to fame and fortune, has made more than one physician prefer this more seductive plan to that of observation, which is slow, sometimes painful, and destitute of all splendour. But, when we bring with us into the practice of medicine a disposition to observe, we soon detect the insufficiency of speculative theories. The new improvements in every branch of natural philosophy, notwithstanding their brilliance, discover to us at every step how much is left unaccomplished, and that even their splendour has not wholly dissipated our darkness. We are forced to acknowledge the necessity of calling to our aid, facts

founded on repeated experiments. For, it is not speculation alone which must be the guide of the physician; he requires other and much more able supports: he must be a close observer; he must search into nature herself for the truth of his ideas. In a word, he must submit his theory to the test of a series of trials, and wait its confirmation from a multitude of proofs. “The true physician,” says BAGLIVI, “is he who studies nature best, and who is led by a profound investigation to her most hidden mysteries, by a chain of observations, conducted by good sense, and severe reflection.”

It is to experience that medicine owes its origin and progress; to experience it is indebted for the knowledge of the virtues of remedies; it is experience alone, therefore, that in the present day can be the most certain guide to sound and successful

practice. If the Americans discovered the virtues of the Bark, it was neither to their philosophy nor to their speculations in natural history, nor was it to their physiological or to their chemical knowledge, that they were indebted—it was solely to their observation and experience. If, very lately, Dr. JENNER has enriched medicine by one of the most happy and valuable, and to humanity the most consoling of discoveries, it is to observation and experience that it is due.

It will be seen in the following cases that I have not neglected general means, when circumstances required them; but I must attribute my success in the management of an hitherto most obstinate disease, to the activity with which I have employed a remedy, hitherto administered in doses far too small to produce the advantages which may be derived from its use

in the treatment of other diseases, besides the one to which I intend at present to request the attention of my brethren.

My views in publishing this small pamphlet being solely of a practical nature, my observations will be principally confined to the successful mode of managing the malady in question, without entering into any laboured history of its name, its seat, its symptoms, its predisposing and proximate causes, its diagnosis and prognosis. My principal aim will be directed to its removal, or amelioration; the anxiously wished-for desiderata of every sufferer, and of every honest practitioner.

It is pretty accurately ascertained that the seat of the tic douloureux is usually confined to the superior maxillary nerve, or the second branch of the fifth pair, and

the portio dura of the seventh pair, or pes anserinus, distributed over the face.

The late Dr. John Fothergill published a well-written and instructive paper on this subject in the fifth volume of the Medical Observations and Inquiries, wherein he denominates the malady “a painful affection of the face.”—Sauvages, who had evidently seen but little of the disease, gave to it the improper names of “trismus dolorificus,” and “trismus maxillaris.”—Dr. Darwin has called it “hemicrania idiopathica.”—Some German writers have honoured Dr. Fothergill by styling it “dolor faciei Fothergilli.”—A more modern and very sensible writer on the subject, Dr. Samuel Fothergill, a nephew, I believe, of the late Dr. Fothergill, has given to it the title of “faciei morbus nervorum crucians.”—To the French we are indebted for the name by which the

disease is generally known (the tic douloureux); without much meaning, or conveying any idea by which the malady in question might be known or distinguished from any other; a circumstance very desirable in medical nomenclature.

The name adopted by Dr. Samuel Fothergill appears to me less objectionable than any other, possessing the power of conveying a distinct idea of the seat and nature of the disorder: he notices the unpleasant length of the title, but could not imagine one that would be shorter, and at the same time equally expressive.

Previous to entering upon the more successful treatment of the faciei morbus nervorum crucians, than has hitherto been practised, I think it necessary to give a very brief account of its leading symptoms,

and of the means which have been usually employed for its relief.

Assured that the description of symptoms by the respectable author above-mentioned, (Dr. Samuel Fothergill,) in his excellent "*Concise and Systematic Account of a painful Affection of the Nerves of the Face, commonly called Tic Douloureux,*" is as remarkable for its accuracy, as for the ingenuity and discrimination displayed by the author, I make no apology for borrowing from him his relation of the sufferings and symptoms produced by this malady.

The disease is not of such rare occurrence, Dr. Fothergill very justly remarks, as many have imagined. The late Dr. J. Fothergill met with sixteen cases;—Thouret with as many, or more;—Pujol with about the same number;—Seibold with several;

—Lentin with fourteen ; — M. Andrée with six : and several practitioners of the present day have had an abundance of cases come under their notice. It is perhaps more from want of observation, than from its unfrequency, that we are so little acquainted with it ; many practitioners referring such pains to rheumatism, gout, toothache, &c. &c. To those, however, who have the slightest pretensions to just discrimination and accurate judgment, its symptoms are sufficiently marked, and highly characteristic.

The more frequent seat of this affection is in the nerves over the os malæ, just below the orbit, the alæ nasi, teeth and gums. When this is the case, it will be found to proceed from the second branch of the fifth pair of nerves, the superior maxillary nerve, which passes through the foramen rotundum, and whose branches are chiefly distri-

buted to those parts. Sometimes the forehead and temple, and inner canthus of the eye, and even the globe of the eye itself, are first affected, from the first branch of the fifth pair, the ophthalmic branch being the subject of the disease. And as there are some cases recorded in which the patient suffered much from an effusion of scalding tears, it might probably arise from that branch of the ophthalmic which goes to the lachrymal gland being affected. The two other chief branches of the ophthalmic, which are, however, very rarely the seat of this affection, are the frontal and the nasal; the first of which is distributed to the muscles surrounding the eye, and the muscles and integuments of the forehead; whilst the nasal branch passes obliquely through the orbit, giving off one or two twigs to the fasciculi of the ciliary nerves; and then is continued between the superior oblique and adductor muscles, passes

through the internal orbital foramen, and after again entering the skull, passes once more out of the cranium, through the cribriform plate of the ethmoid bone, to be finally distributed to the superior spongy bones and frontal sinuses. When, in addition to the parts already named, the lower jaw and the tongue are affected, the third branch of the fifth pair, or lower maxillary nerve, is diseased. Perhaps as frequently as any of these nerves, is the portio dura of the seventh pair affected; it gives off branches to most parts of the face, and, from its manner of spreading, is called *pes anserinus*. Its branches communicate with several of those of the fifth pair. The distinguishing mark of its being affected is, that besides the parts already enumerated, we find pain in the ear, the mastoid process, and in the angle of the lower jaw.

The disease is then generally confined to

the fifth pair of nerves, of which most frequently the second branch is only affected, and the branches of the portio dura of the seventh pair. But from the intimate connection of most of the branches of these nerves with each other, the disease seldom continues long without extending its ravages.

The complaint commences with slight and almost imperceptible attacks of pain, and generally without any warning, though some patients feel in the affected part, peculiar and inexplicable sensations preceding its approach, from which they can announce with horror the coming enemy; the patient at the same time enjoying a good or an indifferent state of health. The pain, however, soon becomes more acute and lancinating, shooting and darting along the various ramifications of the affected nerves: it generally continues from a quarter

to half a minute, and seldom exceeds the space of one minute. It returns at intervals more or less frequent; there being sometimes several paroxysms in a few minutes: and at other times there are intervals of from fifteen to thirty minutes, or longer. There is no determinate period: we always find the utmost irregularity, even in the same patient.

The pains vary in their degree of intensity, at one time exciting the most piercing cries, and distracted writhings and motions in the afflicted patient, while at another they are more bearable. When at the acmé of their violence, the parts affected are often convulsed, and sometimes various contortions and grimaces are observable. These are to be distinguished from the convulsive twitchings of the muscles with which the diseased nerves communicate, and which are occasioned by irritation from

the excessive pain: while the contortions and grimaces are voluntary, being caused by the patient's writhing and twisting from the agony of his torture, and may be prevented by a firm resolution to resist any impulse of shrinking from the attack.

Pujol observes, that in the beginning the complaint is not well marked: sometimes the patients only feel acute darting pains, which shoot with incredible rapidity along the part which is the seat of the disease: or they feel dull and continued pains, which gradually become more acute, and only gain the full extent of their violence in becoming intermittent: at other times, says the same writer, the disease is ushered in with a swelling of the whole cheek, and a racking pain, much greater than is caused by a simple *fluxion*: the tumour daily subsides, and the disease daily advances. In one instance, the tumour terminated by

suppuration in the interior of the cheek : I should, however, much doubt such cases being genuine cases of the morbus crucians, as the instances observed by the most accurate practitioners are unattended with inflammation or swelling. There are, however, I know, exceptions to this general rule.

The pain does not always confine itself to the seat of the disease, but darts with the rapidity of lightning to the neighbouring parts, shooting in different directions, like radii from a centre. It rarely gives warning of its approach, and frequently the first sign of an attack is the patient starting up in a state little short of phrenzy. In this condition, some patients beat the parts with violence, or forcibly rub them with some rough substance till excoriation takes place ; and in some few instances they have thus succeeded in diminishing the intensity of the pain.

Pujol gives a very striking picture of a person seized with a paroxysm of this excruciating malady ; and as his work is not much known, and is difficult to be obtained in this country, no apology is necessary for giving a short extract. “ When we observe a person who actually feels a pretty sharp attack of tic douloureux in the cheek, we see him knit his brows, both the eyelids are strongly compressed, and the commissure of the lips is drawn towards the ear, as in the Sardonian laughter. The lower jaw remains immoveable, and in the same situation in which it was at the moment of attack : the respiration is slow, as if suspended ; and often the patient dare not make the least cry, nor utter a single exclamation. He even seems to dread the slightest motion of the body, and his forced attitudes, and almost ecstatic state, much better express the violence of his pains,

than can any verbal description. No sooner is he free from the attack than he complains of what he has felt in the most mournful tones, and in language the most energetic. In general such patients are so much occupied with the thoughts of their malady, that they soon become indifferent to the charms of society, and incapable of attending to any other object than themselves."

The pains are more frequent during the day than in the night, probably from there being at this time fewer causes of irritation; and they are more frequent during conversation than in silence, and still more so at the time of mastication, when the attacks often succeed each other with such rapidity, as to appear like one continued paroxysm, with scarcely an interval of cessation.

The eye at times is red and watery, as

we sometimes observe in severe odontalgia: in other cases it is particularly dry, and in some patients a copious flow of saliva succeeds the paroxysm.

In general only one side of the face is afflicted with this dreadful disorder: but as there are cases recorded in which both sides suffered at the same time, we cannot lay it down as a certain characteristic of the disease.

Fouquet observed at Montpellier, two women who had both cheeks affected at the same time; and Pujol knew a lady, who, for several months, had the pain in one cheek, which, after a time, was free from pain, but the other cheek was immediately attacked in the corresponding place, the pain continued here for two months, and then resumed its former position.

When the disease continues for a great length of time with increasing violence, the patient can neither obtain rest by night nor by day : his appetite fails, and, as may be expected, there is some degree of pyrexia : this, however, but rarely happens, and only in cases of the utmost severity.

Pains, said to resemble those of the morbus crucians, are sometimes met with in other parts of the body. Mr. Cooper mentions a case in which the radial nerve was affected, and Lentin one, where the pain was seated in the calf of the right leg. If one nerve be affected, surely any other may be equally susceptible of a similar affection.

Hartenkeil, Hildebrande, Baldinger, and some other German writers, relate cases of what they call tic douloureux, which, though in some particulars they resemble that

affection, in others differ from it very materially. The first of these writers describes it as having been very prevalent at Salzburg: but the pain was periodical, recurring once in twenty-four hours ; often remaining for several hours at a time, and then suddenly departing.

I should, however, rather suppose these to be cases of hemicrania, which has, in many instances, been observed to attack the patients periodically, and to yield to the bark. — In the cases recorded by Hartenkeil, we are informed that the occasional causes were, exposure to cold and moist air, caries of the teeth, the use of hot drinks and soups. The seat of the disease was in the ear, teeth, temples, and os frontis: the proximate cause he imagined to be a gouty principle — *principe arthritique*. — These cases were cured by the bark and opium in large doses. But those who are familiar

with the symptoms of the faciei morbus crucians, well know their superior degree of violence, the shortness of the interval between each attack, and the obstinacy with which they resist the generality of remedies opposed to them.

I have observed a much greater proportion of females than males to have laboured under this complaint, in unison with the opinion of Dr. J. Fothergill and Pujol: and my experience has taught me, that constitutions of the greatest sensibility are more exposed to the assaults of this enemy than those of a more firm and robust texture. I am aware that I differ on this point from such respectable authorities as Dr. Samuel Fothergill, Thouret, Andrée, Barnard, and Sauvages: I state, however, the results of my observation and experience.

Mr. Abernethy, Mr. Astley Cooper, Dr. Haighton, Mr. Cruickshanks, Mr. Thomas, and several other respectable practitioners, have in different instances interrupted the communication between the originally diseased nerve and the sensorium, with various degrees of success. Mr. Abernethy published a case of this disease, situate in the ring-finger of the left-hand: its torments were much mitigated by the operation.

Mr. Astley Cooper has operated several times with temporary success; and sometimes his operations have been attended with a more permanent relief.

Dr. Darwin's case, operated on by Mr. Thomas, was attended with a happy result, and Dr. Haighton's operation was successful. To these might be opposed a long catalogue of failures, wherein the knife had been used with no niggardly hand, and with scarcely

more than a temporary relief, to reward the patience and fortitude of the sufferer.

In the second volume of the Edinburgh Medical and Surgical Journal, Mr. Kitson of Bath, relates the successful case of an operation which he performed on a man aged twenty-eight, attacked with pain over the orbit of the left eye, which continued many hours, when it ceased, and did not return until the next morning. On Mr. K.'s first visit, he found his patient affected with universal spasm, his pulse weak, tremulous and irregular; his eyebrows drawn down, and the eyelids constantly closed: the spasms would relax a short time, and return with violence: he was perfectly sensible, and complained of pain over the orbit of the left eye, immediately in the situation of the frontal nerve: he said he could cover the part with the point of his finger; but that the pain extended into the

orbit, and over the forehead: the part was not swelled, nor was the skin inflamed. The pain was increased by pressure, which would instantly bring on the spasms. It was with difficulty he could be persuaded to open his eyes. Mr. K. gave him wine and other stimuli with but little advantage: the pains and spasms increased, and the man persisting that they proceeded solely from the spot over the orbit, and that he was free from pain in every other part, Mr. K. determined to divide the frontal nerve, and made an incision, about half an inch in length, directly above the eye-brow down to the bone: the supraorbital artery was divided, but not more than two ounces of blood were lost. The operation gave him great pain, and brought on a violent attack of spasm: in a few minutes he said he was free from pain, and the spasm ceased. The wound soon healed, and we are not informed whether or not the disease,

with all its direful train of sufferings, returned with the sensation of the part, which has been the unfortunate occurrence after many similar operations. The management of the case was highly creditable to Mr. Kitson's acknowledged abilities.

Mr. Fox, in his "*Natural History and Treatment of Diseases of the Teeth*," gives the following narrative of a case of tic douloureux successfully operated on by Mr. Astley Cooper.

An elderly gentleman applied to Mr. Fox for the purpose of having some stumps extracted from the upper jaw, stating that he suffered considerable pain from them; without further inquiry, Mr. F. performed the operation. Two days afterwards he came to Mr. F. again, and expressed a wish that he would extract the teeth which were remaining on that side of

the upper jaw. The teeth to which he directed his attention were two molares, both of which appeared to be perfectly sound. Mr. Fox then enquired what the particular kind of pain was ; he described it as a pain which had come on at intervals, for nearly two or three months past ; at first it was slight, but had gradually arisen to such a degree of acuteness as almost to cause fainting ; while he sat still, he was easy ; but if he spoke quickly, or ate any thing which required mastication, or walked hastily, or was shaken by riding in a carriage, the pain returned, shooting through his cheek, and affecting his teeth and all the side of his face, as if he had received an electric shock. Mr. Fox had an opportunity of seeing him during two or three of these painful attacks. While he was relating the above statement, he was seized with so much pain, that he suddenly stopped, and the water streamed from his

eyes. On comparing his descriptions, Mr. Fox immediately conceived that his complaint was caused by a disease of the suborbital branch of the fifth pair of nerves, and offered to accompany him to Mr. Astley Cooper, in order to take his opinion. As they proceeded in the coach, one sudden jolt caused another attack.

Mr. Cooper, after having heard the above statement, concurred in the opinion Mr. Fox had given, but was more particularly confirmed in it, by producing another attack with only rubbing the hair of his beard contrary to its natural direction.

The gentleman assented to the operation, which Mr. Cooper immediately performed. The nerve was completely divided, as the power of raising that side of the lip ceased, and it remained as in a state of paralysis. The wound healed in

a few days; after which the pain entirely left him; he could eat with comfort, and take exercise without fear. His joy was so great at the deliverance which he had experienced from so much suffering, that he could not afterwards speak of it without shedding tears. — Again, however, we are ignorant of the final result of this apparently successful operation—whether this happy freedom from pain continued one, two, three, or more years!

Dr. Corkindale of Glasgow, in the fourth volume of the *Edinburgh Medical Journal*, gives a well-described case of *tic douloureux* cured by a combination of calomel and opium. The analogy, the Doctor observes, between this disease and rheumatism, though very distant, served to suggest this remedy. He had read of a similar case cured by mercury, and though that was imagined to arise from syphilis,

he did not much value the opinion; for syphilis, he remarks, is often said to be the cause of diseases, to the production of which it does not contribute. The coincidence of syphilis and tic douloureux in the same person is not sufficient reason for regarding one as the effect of the other, unless that coincidence is frequently observed. The success of mercury in this instance, therefore, inspired hopes of its utility in this particular case, though there was in him no ground to suspect a syphilitic taint. From the exhibition of the proposed medicine, too, the patient might derive the benefit of an anodyne, an object devoutly to be wished for in his present condition. Twelve pills were therefore ordered, each containing two grains of calomel and two of opium, and the patient was directed to take two every day. One was taken at nine o'clock in the evening, the other at midnight, that their anodyne effect might

coincide with the natural disposition to repose. The first night was passed with a greater degree of tranquillity, and with more sleep than the patient had enjoyed for some weeks past. The attacks were less frequent, and comparatively feeble. The patient, to use his own language, had them now under his own control, for he could put a stop to them by pressure under his eye.* Seven pills were taken in this way with a gradual amelioration, and on the fifth day there came on a profuse salivary discharge. The patient now ceased to complain of his former attacks. The salivation seemed to proceed entirely from the side originally diseased, and the tongue on that side only, with the corresponding parietes of the mouth, were ulcerated. This mercurial affection continued for a fortnight, moderated, however, occasionally by

* On the fourth evening, only one pill was taken.

a gentle laxative and a simple anodyne. The patient continued entirely free from attacks of the tic douloureux for nearly six months after the drawing up of the case. He followed his usual occupations without any interruption from the unusual severity of the weather during Winter and Spring. He feels the parts originally affected somewhat benumbed, and prickling, as if from a compressed nerve. This sensation has, however, become less distinct; he suffers no pain, and his general health, which was much impaired by the violence of the disease, has been for some time completely restored.

The judicious and successful mode of treating the above case reflects the greatest credit on Dr. Corkindale's practical knowledge. It has, however, unfortunately occurred in my practice, and in that, I fear, of a multitude of others, that mercury alone, — that

mercury combined with opium, — and that opium alone, and administered in combination with other powerful remedial agents, have all, in different instances, failed to produce any thing but a temporary mitigation of suffering.

The ingenious Mr. Hill of Chester, an able advocate for the curative powers of arsenic, when writing on the subject of tic douloureux, remarks, that these affections of the head and face are well known for the inveteracy of suffering inflicted on the unhappy subject, and their too frequent unyielding obstinacy of persistence, notwithstanding the most powerful means have been perseveringly instituted.

It will not be overlooked that it is an object of the highest importance in all these distressing situations, to endeavour to ascertain any cause that may exist in some dis-

tant part, as the origin of the painful symptoms, and to adopt every feasible method for its removal : but when this is apparently done, complete success is not found universally to follow; for the primary cause of the original evil may be removed, and still from new circumstances, habit, &c. the effects remain to keep up extensive pain and mischief. Debility never fails, says Mr. Hill, to accompany this situation, constituting the precise circumstances in which arsenical remedies have proved salutary. In cases where great debility does not forbid it, arsenic will undoubtedly produce a speedier and more permanent effect, when preceded by a dry emetic, exhibited after the manner of the eccentric Marryatt.

Mr. M'Kechnie gives the history of a case of tic douloureux, attended with the usual symptoms, which he in the first in-

stance opposed by perpetual blistering, purging with calomel and jalap, a course of pills composed of the conium maculatum, and the muriate of mercury ; and a camphorated mercurial ointment was rubbed on the jaw. Salivation was produced, and kept up about eight weeks, without effecting any amelioration of the patient's condition. The pains, however, gradually decreased after the mercury was given over, and at last ceased altogether, and he continued nearly well for the space of a year and a half, when he again became exceedingly afflicted. Local bleeding, blistering, ether, opium, &c. &c. produced some temporary mitigation of symptoms. Mr. K. considered the division of the nerves as a hopeless experiment, and as many of the most active remedies had been employed without any permanent advantage, he thought himself justified in making a trial of the powers of arsenic, which had been

recommended in this complaint by high authority. He therefore prescribed the following mixture :

℞. Liquoris arsenici,
Aq. puræ, āā ʒi.

Of this the patient was desired to take fifteen drops in a bason of gruel, three times a day, and to add one drop every day until sensible signs of its operation should be observed. For a few days there was no alleviation, but as the dose was increased the paroxysms became less frequent, and more tolerable.

The medicine producing some unpleasant effects upon the stomach, was omitted for a few days, and its use was then resumed in small doses. It was continued a fortnight longer, without a return of the original complaint, or of suffering from the remedy.

This is a satisfactory case, proving the degree of control which arsenic possesses over some instances of a severe and obstinate disease.

Many more cases are on record testifying the utility of this powerful mineral, when judiciously and cautiously administered.

The curative capabilities of the conium maculatum, of stramonium, of opium, of the different preparations of copper, of lead and of silver, of the belladonna, of electricity, magnetism, the actual cautery, of the external applications of lyttæ, the tartrate of antimony, and of tar, have been appreciated with sufficient accuracy and discrimination, by many distinguished members of our profession. It is needless to repeat the general inefficiency of each; in

some few instances a little good has been produced ; in a still more scanty number of cases an apparent cure has been effected ; and in an unfortunately large majority of suffering patients, not the least relief has been afforded.

“ *Quod fieri FERRO, liquidove potest Electro.*”

I NOW proceed to the more gratifying part of my little pamphlet, in which I am enabled to lay before my medical brethren, a more successful mode of treating the disease in question, than any which, in the course of my reading or practice, has hitherto been adopted.

The failure of the remedies usually employed in our endeavours to subdue the torments of the tic douloureux, induced me to enquire into the effects of the different preparations of Iron; and my investigations were attended with happy results.

It is well known, says Mr. Thompson, (and in this opinion he coincides with Dr. Duncan

jun.) that iron is of all the metals the least injurious to the animal system, and cannot in any respect be ranked as a poison. It was medicinally used by the ancients. The effects of iron, however, as an internal remedy, were very little known till more modern times. It acts as a powerful tonic, increasing the general excitement, promoting the digestive powers and healthy secretions, giving a more florid hue to the blood, and augmenting in a great degree the energy of the muscular fibres, and when given with judgment and discrimination, few medicines are more capable of producing beneficial effects.

The preparation of this mineral, which I prefer, after a fair trial of all its forms, is the Ferri carbonas of the London Pharmacopœia. It is prepared by mixing, in certain proportions, solutions of the sulphate of iron and of the carbonate of soda toge-

ther, when an immediate mutual decomposition takes place : sulphate of soda is formed, which remains in solution, and carbonate of iron, which is precipitated of a green colour. The precipitate, when first formed, is the carbonate of the black oxide of iron, or contains the iron in the state of black oxide, the state in which it exists in the green sulphate of iron ; but in the process of drying, it absorbs more oxygen, becomes of a red colour, and is converted into the carbonate of red oxide of iron.

This is the preparation of iron, which, though in general use, has been hitherto very inefficiently administered ; in doses so minute as to preclude a possibility of much good effect being produced. I mean not to confine this observation to the management of the *tic douloureux*, but to extend it to every case in which it is imagined that iron is to be useful. In proper and efficient

doses I hope to be able to demonstrate its valuable and highly curative powers.

The following cases may, I trust, be some source of comfort to those who are afflicted with this disease, and will be an evidence, I flatter myself, sufficiently convincing, of the existence of a very considerable palliative, if not of a perfect cure, for the generality of cases of one of the most painful maladies to which human nature is subject.

CASE I.

The first case, I shall lay before my readers in the words of the very intelligent and well-informed patient herself, whose obstinate complaint was situate in the nerves over the os malæ, just below the orbit ; the gums, teeth, upper lip, and ala nasi : it proceeded, therefore, from the

second branch of the fifth pair of nerves, the superior maxillary nerve.

Remedies usually resorted to on these occasions had been judiciously, but unsuccessfully, administered. The benefit resulting from the use of the carbonate of iron will be fully demonstrated by the complete cure of this case.

“ Aldercar Park, July 20. 1814.

“ SIR,

“ Permit me to offer you my acknowledgments for your kind enquiries after my health : in reply to which I have the satisfaction to acquaint you, that I am almost entirely free from the dreadful disorder in my face, which for many years embittered my life. I was when first attacked by it in my twenty-seventh year, and for the next twenty years and upwards, had very little respite from its tortures. Moved by what you heard and witnessed of

my sufferings, you had the goodness to prescribe for me. * I followed exactly your advice, and from that time my pains disappeared, and I have of late years only the most trifling remains of them, and these are so instantaneous, that they raise in me no alarm. I continue to take a course of the powder you recommended every month, and intend to persevere in this practice.

“ I am, Sir, &c. &c.

“ JANE SMITH.”

“ Aldercar Park, November 8. 1819.

“ SIR,

“ I think it a duty, which I perform with unfeigned satisfaction, to acquaint you, that since my last communication on the subject of tic douloureux, I have been entirely exempt from that excruciating complaint. I however persisted in the use of your prescription, at the intervals I then

* R. Ferri carbonatis ʒi. fiat pulvis bis die sumendus ex melle, vel theriacâ.

mentioned, till the beginning of last year ; when experiencing no recurrence of pain, I ventured to leave it off totally, and remain perfectly free from any symptom of the disorder.

“ I am, Sir, &c. &c.

“ JANE SMITH.”

“ Aldercar Park, December 8. 1819.


“ DEAR SIR,

“ If the foregoing statements can contribute to your purpose, I shall be sincerely happy. When I began to be afflicted with the tic douloureux, I have mentioned ; as to the progress of the disease, I know not how to speak of it, for it was from the first to the last, an extreme of pain that mocks description ; in short, it was the complete tic douloureux, from the beginning. It was the right side of my head and face only that was affected ; the other side had neither pain nor soreness. When the spasms came on, which they did a hun-

dred times a day, they were like lightning for suddenness; and when they individually ceased, it was as suddenly and as completely as if they had never been. My health was in every respect good, excepting those consequences of the horrid disorder that arose from its preventing me eating due sustenance, (and even speaking,) and taking rest. I suppose every person who is so wretched as to be visited with this scourge, has had similar feelings to mine, but I am quite incapable of giving that history of my sufferings, which, I am persuaded, the importance of the subject requires. This and my former letters will, however, at least point out from what means much benefit, most probably a cure, might be obtained by those labouring under the dire disease in question.

“ I am, Dear Sir, &c. &c.

“ JANE SMITH.”



CASE II.

I shall now give the history of the case of Henry Jervis, Esq. of Cheswardine, Shropshire, in his own words, convinced that any change in the language cannot add to its value.

“ Cheswardine, Dec. 10. 1819.

“ DEAR SIR,

“ As you request a full historical account of my disease, I will commence with it ab initio, but I am fearful that it will require the pen of a professional man or a more able writer than myself to make it intelligible without the aid of technical phrases, in which I feel myself quite deficient.

“ On the 27th of October, 1812, in preparing to attend the North Shropshire

regiment of yeomanry cavalry, I found my eyes gummed up more than usual, which I attributed to a slight cold, and splashed my left eye rather sharply with cold water; the effect was a smart and sudden shock in my head; but not expecting another, I repeated it again, which produced a concussion ten times more violent than the former, above the orbit of the left eye, which extended over the temple and left side of the head quite up to the crown, with a most excruciating sensation; this paroxysm did not continue more than a minute or two, and at that time, supposing it to be an attack of the gout, I hurried down stairs, and dispatched one messenger to the regiment and another to Dr. Northern, who was kind enough to attend immediately. Soon after his arrival another paroxysm occurred, when he recommended an application of laudanum until a decoction of poppy-heads could be pre-

pared, and supposing the attack to be a good deal allied to gout, he prescribed accordingly, but the complaint continued at intervals until March 1813, during which time I occasionally applied bolsters of lint moistened with laudanum and ether, leeches, and a plaster of opium and hemlock spread on common sticking plaster, from all of which I never received more than a very short and temporary relief. In March 1813, Dr. Northern perceiving some symptoms of gout in my feet, imagined there might be a strong analogy between the two disorders, and thought if by trying the Buxton water I could fix the gout in my feet, my head might be relieved. I followed his advice, and when I arrived there the largest cloth shoe I had would not contain my foot; but after drinking the water for two days, which operated as a powerful diuretic, instead of gout being increased, the swell-

ing and inflammation were so much reduced, that in a few days I could not only ride, but walk tolerably well, and my head continued more at ease for some time.*

“ In May, 1814, I had occasion to take a journey to London, and failed not to provide myself with the carbonate of iron, with the help of which I passed my time very comfortably, and continued nearly in the same state, with occasional remembrances. During my stay in town I furnished myself with a good supply of the carbonate.

“ It is not, I should conceive, possible

* On Mr. Jervis's return from Buxton, he consulted me respecting the tic douloureux, when I immediately recommended a course of the carbonate of iron, in the use of which he persevered for some months with the greatest advantage, in doses of $\mathfrak{z}\text{i}$ twice a day.—B. H.

for any one who has not had some personal experience of this malady, to form the least idea of the different effects it produces, some of which I will endeavour to enumerate. It sometimes commences with a slight coruscation or ticking, somewhat similar to that of a pendulum, whence it may probably derive its name, being a disease more known in France than in England. It is afterwards succeeded by a shock more violent than that of an electrical machine, but of much longer duration. A red-hot salamander laid upon the head, may afford some resemblance of the effect it sometimes produces. At other times, it may convey some idea of the operation of an incision knife, or tomahawk, the lancets of a cupping instrument being nothing, compared to it. Sometimes you may imagine minute guns passing through the head for a considerable length of time. The patient may at others suppose his

head to be laid open with a battle-axe, and the brain exposed to a dreadful north-eastern blast.

“The first mouthful of meat or drink at breakfast or dinner, often produces some one or other of the above sensations.

“After all, the most extraordinary trait in the character of this disorder is, that after its most violent attacks, the storm subsides as suddenly as it commenced, without leaving a trace behind. I remain, &c. &c.

“HENRY JERVIS.”

The case of Mr. Jervis is a decided confirmation of the powers of the carbonate of iron over the tortures of the tic douloureux. He had tried in vain all the known attempted remedies, without experiencing any thing but the most temporary relief. From the use of this preparation of iron,

he enjoyed a long cessation from his pains ; and should they at any time unfortunately return, from the influence of cold, or from any other exciting cause, he will have recourse to his remedy in the full confidence of its efficacy.

CASE III.

Mrs. Sarah Rayner, of Southwell, aged fifty-seven, of a spare habit of body, after having borne many children, began to complain of rheumatic pains in the right side of her face, which she attributed to carious teeth, eight or ten of which were extracted without affording the expected relief. The pains were confined in the first instance to the os malæ, the upper lip, and the tongue: the eye on that side occasionally shedding a tear from the agony of

her suffering; and the upper edge of the temporal muscle suffering repeated contortions. Slightly touching the skin, masticating, or speaking, would immediately excite the pain, which continuing perhaps half a minute, would suddenly vanish, and leave the patient perfectly well. The complaint was wholly unattended with fever. Having no doubt as to the precise nature of the disease, I commenced my means of cure by a course of calomel, opium, and the conium maculatum, in pills containing one grain of each of the two former ingredients and four of the latter. Of these, I directed three to be given every twenty-four hours, at equally divided periods. After the first day, the number of painful paroxysms was sensibly diminished, and their intensity considerably lessened. She persevered in this plan for fifteen days, when a profuse ptyalism coming on, the pills were omitted. I was much pleased that her pains gradually

abated, and, at the conclusion of the salivation, which was very troublesome, the disease appeared to have been altogether subdued.

In this pleasing change of health the patient continued for seven or eight months, when on the sudden accession of severe hepatitis, to the violence of which her life was nearly falling a sacrifice, the excruciating tortures in her face returned with almost redoubled force, added to the accumulated misery of the *ala nasi* of the other side showing symptoms of a sympathetic affection. I had again recourse to the calomel, opium, and conium, the effects of which promised to be equal to what we had experienced on the first attack, there being a sensible abatement of pain: salivation again ensued, not however accompanied with that happy emancipation from torture, which had before attended it.

Disappointed in the effects of this plan, as soon as the state of her mouth, and of her general constitution would admit of the remedy, I began a course of the arsenical solution, by giving ten drops three times a day in a teacupful of gruel, increasing the dose one drop every day at each dose. I was wholly disappointed in the efficacy of this powerful agent, as it did not appear to possess any authority over the disease, even when exhibited in doses of twenty-five drops three times a day: the tortures of my suffering patient were undiminished.

In this unpleasant state of things, I had recourse to the ferri carbonas, half a drachm of which I began to administer three times a day, mixed in honey. During the first seven days, but little benefit was perceptible. I then increased the dose to one drachm twice a day, and after the first three days of this increased quantity, a very sen-

sible abatement of the number and violence of the paroxysms was to be discerned. I now increased the dose of the carbonate to four scruples twice a day, in which she regularly persevered for ten weeks, at the expiration of which time she was wholly free from the slightest vestige of this disease, and never afterwards experienced the most trivial return.

For some time afterwards, Mrs. R. made a point of taking what she used to call a fortnight's course of her brown powder, twice a year, to which she attributed her freedom from any assaults of her old enemy.

CASE IV.

Mr. Samuel Hage, of Upton, aged fifty-eight, of temperate habits, of a delicate lax fibre, and of a nervous temperament,

after suffering acute rheumatism, complained of agonising electric shocks (as he used to express his sensations) extending from the inner canthus of the right eye, and from the globe of the eye, down the os malæ to the upper lip, the ala nasi, the teeth and gums: he suffered also an effusion of scalding tears, which excoriated his cheek. The seat of this patient's disease appeared to be in the superior maxillary nerve, and that branch of the ophthalmic which goes to the lachrymal gland: these excruciating tortures, with the exception of the intermissions usually accompanying the morbus crucians, continued with unabated violence for two months, under the exhibition of judicious, but unfortunately inefficacious means of relief.

He was so convinced that the complaint originated in carious teeth, as to be induced, contrary to my wishes and advice,

to have two sound molares extracted, and he imagined with some temporary alleviation of his pains. The contrary, however, I have generally observed to be the effect of this operation — an increased degree of torment, added to the vexation of losing so useful a part of our economy. The *tic douloureux* may at all times be easily distinguished from *odontalgia*, and indeed from every other complaint to which the human frame is subject: it is most truly a disease *sui generis*.

In this unhappy state of the disease, I began to try the effects of the *ferri carbonas* in doses of one drachm twice a day: this plan was persevered in for sixteen days, without much alleviation. I then augmented the dose of the carbonate to four scruples twice a day. This increased dose produced a check upon the violence of the disease: after having used

it for five days, the pains, twitchings and contortions began sensibly to abate in duration and in violence, and in the course of a fortnight were apparently removed.

Mr. H. continued in this state of tranquillity during the space of three weeks, when, in consequence, as he imagined, of receiving a severe blow on his head from an unmanageable horse, he suffered a return of all the former distressing symptoms. He was put on a second course of the carbonate of iron, in which he persevered for one month, at the expiration of which he was wholly free from pain, and continued so during the remainder of his life.

CASE V.

The next case which I shall detail to my readers, is that of Mrs. Brown of Mansfield, the history of whose distressing malady I will preface with the following letter, which I have just had the satisfaction of receiving from that lady.

Mansfield, 10th Feb. 1820.

“ Dear Sir,

“ In requesting that I would try to call to my recollection the symptoms of that dreadful disease, the tic douloureux, you have not imposed upon me a very difficult task ; for, were I to live to the greatest age, the remembrance of my sufferings at that period would never escape me ; they were indeed so great, that I thought I would gladly exchange them for any worldly calamity, however great : indeed I imagined that I should consider nothing an evil that

could befall me, were I only relieved from that dreadful malady. — You must recollect, my dear Sir, that I experienced not the slightest relief from any external application ; but that some medicine (I know not what) which you were so kind as to think of for me, wholly removed the complaint, which may well be styled the rheumatism of the nerves ; for I am convinced that mine was nervous, and was brought on by variously agitated feelings of mind. — The pain came on in a moment, and seemed to proceed from a small cold place, about the size of a shilling, sometimes immediately over my left eye, at others below it ; sometimes at the side of my nose, at others extending over my upper lip : it would then proceed and disperse about among (to my ideas) many small nerves, I could fancy the size of a thin wire, to my gums and teeth, where the agony would cause so much inflam-

mation, that in a few minutes my face would become purple, and my gums exceedingly swelled and inflamed. I have been three months at a time without taking nourishment but by a tea-spoon, conveying a small quantity of mashed potatoe, or milk and bread; and even in taking this I was obliged to use the greatest care, for the slightest movement of my mouth would frequently bring on the pain. It generally visited me three or four times a day, and never failed its visitation when I had been in bed but a very short time. I do assure you that I had only two good nights from October to the May following: I used to get up in the middle of the night, and fill my mouth with cold water, or lay my cheek on a plaster floor, or rub my gums with ether or spirit of wine, and hold some in my mouth; but nothing that I applied, had the effect of removing it. Warm applications were equally ineffectual:

the complaint appeared to resist every means which were opposed to it. I well know that very many similar cases have fallen under your care and observation, you will not, therefore, accuse me of any exaggeration in my descriptions : indeed I think it wholly impossible to give an idea of the agony which it causes: my descriptive powers must fail, and cannot do the least justice to it. — My only and most ardent prayer is, that all who may be afflicted with a similar calamity may be fortunate enough to have it so effectually and so permanently removed, as has been the case with myself. — Believe me, my dear Sir, &c. &c.

“ JANE BROWN.”

My worthy patient, whose letter I have above given, was about one or two-and-twenty years of age when suffering under the tic douloureux, of a plethoric habit, and of a tense muscular fibre. — The dis-

ease was ushered in by symptoms of active inflammation in the adjacent parts, great pulsation of the arteries in the neighbourhood of the afflicted nerves, and considerable febrile irritation. Local and general bleeding, and the usual antiphlogistic modes of treatment, after some considerable length of time, subdued the violence of inflammatory excitement, without, however, mitigating, in any material degree, the excess of her suffering.

The *portio dura* of the seventh pair of nerves, spreading its branches to most parts of the face, and communicating with several of those of the fifth pair, distributed to the lower jaw, the mastoid process, and the ear, being here affected, conspired to afflict my patient. She first experienced those peculiar and inexplicable sensations, which usually precede an approaching paroxysm: the pains would then assume their most

acute and lancinating character, darting and shooting along the course of the affected nerves : the periods of their duration varied considerably. The pain did not always confine itself to the seat of the disease, but, as I have before observed, it darted with the velocity of lightning to the neighbouring parts, in various directions.

Having subdued the highly inflamed state of the parts, I began my assault on this inveterate enemy to the peace of the patient, by the ferri carbonas, in doses of half a drachm twice a day, in which she persevered for the space of three weeks without any considerable abatement of her sufferings. She then became rather weary of taking the medicine. I next tried the efficacy of calomel, and the extract. conii, in large doses of the latter ingredient. In this plan I persevered for a fortnight, without producing the slightest

impression on the disease: the exhibition of the arsenical solution in tolerably bold doses was equally unavailing: the sulphate of zinc, the nitrate of silver, the extract of henbane in large doses, shared the same unfortunate results. — In this state of depression, I prevailed upon the patient to have recourse again to the ferri carbonas; and with a determination to try its power in its fullest dose, I began by giving four scruples twice a day. On the fifth day after its commencement, a very perceptible change in the disease was evident: the paroxysms were less frequent, and somewhat less severe. A regular perseverance in similar doses during the ensuing month rewarded the patient with a gradual extinction of her malady, and I am happy to add, that she has never experienced the slightest return of it.

CASE VI.

Mr. James Key, senior, of Maplebeck, sixty-three years of age, of sedentary and temperate habits, and of a delicate, lax fibre, was suddenly seized with an apoplectic attack, producing a partial privation of the external and internal senses, and for a time, a total abolition of the whole of the voluntary motions.

After a moderate use of bleeding, purging and blistering, the apoplectic symptoms began to subside, and to leave their usual sequela,—a hemiplegia of the left side, accompanied with excessive pain in the muscles of the arm and leg of the side affected, the violence of which continued unabated for three weeks, and was apparently at length relieved by rubbing on their surface an ointment containing a

proportion of the tartrate of antimony, twice a day, until a copious crop of a pustular eruption completely covered the affected arm and leg: after which, the voluntary power over the limbs was gradually and partially restored.

A few weeks after the removal of this pain, he began to complain of a pulsating, painful sensation in his upper lip, extending to the left ala nasi: he used to compare the feel to the clicking of the pendulum of a clock, and every click (to use his own expression) conveyed to him the sensation of a lancet, or the sharp point of a knife, penetrating his lip and nose. The pain would sometimes remove to the orbit and the inner canthus of the eye, and to the left temple. His eye was at times inflamed and watery, and during mastication the attacks were so severe as to render the necessary returns of taking food most irk-

some to him : the paroxysms were very frequent during the day, and his nights would probably have been equally bad had he not in some measure mitigated the severity of his agonies by the aid of large doses of opium and the extract of henbane. His pitiable tones after each attack strongly denoted the acuteness of his sufferings, and the intermissions seldom exceeded two hours. In this doleful state, he applied to an empiric practising at a market town in this neighbourhood, whose plan of treatment consisted in giving purgatives of the most drastic nature, without producing the least desired effect : — blisters were also applied in succession to the affected cheek, and on the failure of these, a seton was inserted longitudinally, and its due and proper action was supported for two months without the least benefit. This active empiric had recourse also to the metallic tractors, and to electricity.

On his return to my care, I immediately began the use of the carbonate of iron, in doses of one drachm twice a day ; and having healed the seton as quickly as possible, I directed an ointment, consisting of the tartrate of antimony, powdered opium, and the strong mercurial ointment, to be rubbed in small quantities on the affected cheek twice a day. In the course of ten days a very manifest amendment of symptoms exhilarated the patient ; the paroxysms were less frequent and less violent ; and in this state of amendment he continued for three weeks, at which time I increased the dose of the carbonate to four scruples twice a day : this was persevered in for five weeks longer, when his torments were wholly removed, after which he continued to take the iron for three weeks. — He never experienced the slightest return of the tic douloureux.

My case-book furnishes me with many similar examples of the successful exhibition of the ferri carbonas in the cure of tic douloureux. A multiplication of their number in this pamphlet would serve the purpose only of increasing its bulk: the value of the medicine is rendered sufficiently manifest by the six cases above recorded.

THE END.

